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ABSTRACT

This paper highlights specific issues surrounding implementation of Titles I and II of Public Law 99-457, and illuminates how federal rules and regulations and the states' positions on the law should reflect the needs of rural and remote communities. The issues include: legislative planning and appropriations to meet the needs of rural handicapped youth, representation of both rural and urban communities on state interagency coordinating councils, parent involvement in the development of state plans and on the interagency coordinating councils, focus on family service models rather than downward extensions of elementary school models, consideration of a number of service delivery models to meet the needs of widely diverse areas, an efficient service transition process, and consideration of the training needs of personnel serving preschoolers with handicaps.
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RESPONSE TO P.L. 99-457, TITLES I AND II: ISSUES CONCERNING
FAMILIES RESIDING IN RURAL AND REMOTE AREAS OF THE UNITED
STATES

Prepared by Members of the

Rural Early Childhood Special Education Task Force
American Council on Rural Special Education (ACRES)

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INTRODUCTION

The American Council on Rural Special Education (ACRES) is a national organization dedicated to improving services for rural individuals with disabilities. Within the national organization a number of task forces focus energy and ability on areas of specific interest and expertise. Task force members contribute ideas and information which are then used to establish priorities and develop effective rural special education strategies and practices. The Early Childhood Task Force is one such task force.

During the 1987 ACRES conference in Asheville, NC, the Early Childhood Task Force established a commitment to provide information to state and federal organizations regarding some of the issues surrounding the implementation of Titles I and II of P.L. 99-457.

Our intention is to highlight specific issues (see below) and to illuminate how they differ from those encountered in urban areas: Our primary concern is that the federal rules and regulations and the states positions on the new law reflect the different needs of rural and remote communities.

PLANNING

There is a need for legislative planning so that the funds are distributed to children who need services, regardless of where they live. Urban and rural areas require different planning and implementation for a number of reasons, as stated below.

EC 211022

Legislative planning is critical to the provision of services for all handicapped infants and preschoolers; however, planning takes on new dimensions when professionals consider programming uniquely designed for service delivery in rural settings. Rural areas have distinct features with significant implications for legislative action and allocations for early childhood special education services. While child find procedures have been implemented throughout the nation, researchers have indicated that many handicapped children who reside in rural areas are not identified until they reach the legal age to enter elementary school. Budgets based on child find data are not sufficient for service delivery in rural areas (Anastasiow, 1981).

Characteristics inherent in rural environments create higher costs for service provision to infants and young children who are handicapped. Some factors related to increased cost of service delivery include: distance between infants/families and services, inadequate transportation, lack of well-qualified personnel, cultural and language variations, severity and diversity of handicapping conditions, and unavailability of therapeutic and technological equipment. Additionally, individualized service delivery models using a transdisciplinary team results in added expense. (Helge, 1984).

To ensure that legislative appropriations are consistent with the needs of young handicapped children in rural areas, parents and professionals must be knowledgeable of methods to assure legislative planning, and possess the skills to communicate effectively with decision-makers and impact legislative action. Knowledge of the issues related to early interventions and its relevance to society and tax money is essential. This information should be presented to legislators in concise documents that are written in lay terms. Statistical data supporting efficacy and cost effectiveness of early intervention programs in rural areas and the benefits to their constituencies must be stated; however, human interest details should not be overlooked.

REPRESENTATION

Professionals on the state interagency coordinating council must truly represent the approaches which work for the child, rather than use the council to foster the development of their professions.

According to Section 682 of P.L. 99-457, at least three public or private providers of early intervention services shall be members of the state interagency coordinating council. Ethically, and legally, professionals are bound to make recommendations on the basis of child need, rather than

on existing services or on matters that would prove to be conflict of interest, (Sec. 682, f.)

The ACRES Early Childhood Task Force recommends that local, state and national facilitators assist existing agencies with collaborative efforts in order to effectively use available services and to realistically assess needs. Such an investment in facilitation would prove to be cost effective due to better utilization of existing resources and a more accurate determination of needs. Such an approach would also advocate for appropriate services to meet the needs of children and families rather than any individual or group benefit. Third party facilitators would provide checks and balances for all activities of interagency council members, thereby ensuring compliance with the law.

Facilitators should represent both urban and rural communities, so that the needs of both could be recognized and all-inclusive plans be developed.

PARENT INVOLVEMENT

Parent involvement in the development of state plans is critical. Parents from urban and rural areas alike bring a more complete perspective to overall development of a comprehensive state plan.

The ACRES Early Childhood Task Force strongly supports parent participation in the development of each state plan for the delivery of services to infants and toddlers with special needs and their families. Parental input is vital to ensure that the new law is supportive of families and that the full potential of the legislation is realized (Association for the Care of Children's Health, December, 1986).

Parents of handicapped, developmentally delayed, and at-risk children from birth to six should be represented on the Interagency Coordinating Council of each state, including parents from rural or underserved areas who often have little or no input in policy decision making. These parent representatives shall have the opportunity to: provide recommendations on the development and the coordination of all relevant "state plans" including medicaid, mental health, developmental disabilities, EHA, etc; comment on application for state funds and the areas to be served; assist in the development of consistent eligibility standards and criteria among programs and agencies; assist in the development of procedures to facilitate transition between programs and agencies; and help identify policies and procedures that currently inhibit cooperative efforts and offer solutions for remedies to these barriers (Division of Early Childhood, March, 1987).

FAMILY SERVICE MODELS

There is a need for a focus on family service throughout, as well as to ensure the development of valid early childhood special education models; not simply downward extensions of elementary school models.

"The evidence indicates that the family is the most effective and economical system for fostering and sustaining the development of the child. The evidence indicates further that the involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement, any effects of intervention, at least in the cognitive sphere, are likely to be ephemeral, to appear to erode once the program ends. In contrast, the involvement of parents as partners in the enterprise provides an on-going system which can reinforce the effects of the program while it is in operation, and help sustain them after the program ends." (Bronfenbrenner, 1974)

There is a strong consensus that the needs of infants, toddlers, and preschool children with disabilities and their families are distinguished from the school age special needs population. Current research evidence supports the theory that the interaction of infant, toddler, and preschool age children and their families is of critical importance to development, especially in the area of cognition. The primary social system of infants, toddlers, and preschool children is their family. Therefore, it is essential that early intervention programs build staff and service delivery systems that actively integrate families.

Attention to this issue should consider the different needs of families who live in rural areas of the country. Parents in small rural communities may have fewer choices of programs for themselves and their children; they may have tremendous transportation problems. Parents may feel isolated for other reasons such as fear of lack of confidentiality by professionals and other families in a program, or lack of the sense of identity to others when their child is the only one who has a particular problem in the whole community.

SERVICE DELIVERY MODEL

States must be encouraged to consider a number of workable service delivery models in order to meet the needs of widely diverse areas of a given state - especially rural areas!

The ACRES Early Childhood Task Force suggests that it is unlikely that any one service model can meet the diverse needs of all children and families within any state. Geographical barriers and the sparsity of population in some regions may

prohibit service delivery in a center-based setting. On the other hand, a scarcity of pediatric personnel (e.g., therapists, interventionists, nurses) in a given region may necessitate children being transported to services so that precious professional hours are not lost while traveling great distances from one home to another. Some children may be best served through a combination model which enables peer interaction in a center, yet extends the option of home visits to parents who are unable to participate in center-based activities due to the lack of transportation, the need to remain on the farm during daylight hours, the presence of several preschool children at home, or other individual factors.

When one considers the unique needs of families and children within any one state or even within any given region of a state, the need for flexibility in service delivery models becomes imperative. Only by considering a number of workable service delivery models in conjunction with the unique characteristics of a state and the regional variations within a state, can decisions be made which will result in appropriate and effective services to young handicapped children and their families.

SERVICE TRANSITION

"The steps to be taken supporting the transition of the handicapped toddler to services provided under part B to the extent such services are considered appropriate." (section 677(d)(7))

The ACRES Early Childhood Task Force strongly supports transition planning between infant-toddler programs (birth - age 2) and early childhood programs (ages 3-5). The needs of very young children who are disabled and their families change frequently during these critical stages of human development. These needs must be continuously reassessed and program changes made accordingly.

Comprehensive transition planning and implementation includes following fundamental components:

- the timely transfer of appropriate records;
- a written timeline of transition events;
- a comprehensive awareness by service providers of other services within their communities;
- a definition of skills required by children for entry to and exit from specific programs;
- the advocacy of parent involvement in the transition planning and decision making processes; and
- postplacement procedures to ensure the successful transition of individual children.

An efficient transition process will result in: minimal disruption in programs and services; placement of children in

the most appropriate program options available; a clear understanding by professionals and parents of the transition process; and the timely adjustment of the children and families to new programs (Gallaher, Maddox, and Edgar, 1984).

Specific considerations need to be addressed when planning and implementing transition procedures for rural providers. Despite the professional familiarity that exists in rural settings, a written transition plan will document procedures and systematize the process. Adequate compensation needs to be considered for logistical problems such as distance between children and services, provision of transportation, and the resulting minimal program options. Program organization, coordination of available services and adequate funding can alleviate problems specific to rural and remote areas.

Lastly, it is recommended that the Title I and the Title II lead agencies cooperatively demonstrate support of transition procedures through fiscal and philosophical efforts. Support from federal, state, regional, and local administrators is also necessary for planning and implementing of effective transition procedures.

TRAINING

Training needs should be addressed along with certification issues for educators as well as other professionals who are involved in providing services for young handicapped children.

The ACRES Early Childhood Task Force acknowledges that shortages in personnel trained to serve preschoolers with handicaps have been reported by 15 states (Report of Preschool Programs, Oct., 1986). The passage of the new legislation will expand services and, in turn, an even greater need for more professionals in the field. In the short time there is to gear up for the 1990 deadline for implementation, it would appear that much is yet to be accomplished in training personnel. In addition to the general lack of trained personnel, the issues of rural training, personnel recruitment, and retention need to be addressed. These issues compound the problem of quality service delivery.

Consideration needs to be given as to how current certification requirements in each state respond to the skills needed by professionals to provide quality education to young handicapped children in urban and rural areas. Again, this tends to present some problems in rural areas because of the recruitment and retention difficulties in the provision of services.

The Early Childhood Task Force thanks the reader for their attention to the above issues and for considering our recommendations.

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